

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 06-03-2010

**Address:** 119 W WAYNE ST

**Case #:** 22F45825

KENDALLVILLE, IN.

**County:** NOBLE

46755

**Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

**Seizure Location** (check all that apply)

- ☒ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other:

**Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): BEDROOM  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: BEDROOM  
☒ Water Reactive Metal (Lithium): BEDROOM  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): KITCHEN/BEDROOM  
☐ Corrosive Acid: \_\_\_\_\_  
☒ Corrosive Base: KITCHEN  
☐ Other (item and location): \_\_\_\_\_

**Child under age 18 discovered** (check one)

- ☒ Yes 3 (number present)  
☐ No

\*If yes, fax report to Child Protective Services

**Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: KENDALLVILLE PD

**This report is to be faxed to the following agencies that serve the location:**

Fire Department: KENDALLVILLE FD

Fax: E-MAILED

Health Department: NOBLE CO

Fax: E-MAILED

Child Protection Service: NOBLE CO DCS

Fax: E-MAILED

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: ANDREW SMITH Phone 260-432-8661

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.